

No. 121

#16

March 9th

288 Market

Published March 26th 1827

In

W. & H.

Inaugural Dissertation
on
Dysentery
by
John F. Whitchill
of
Pennsylvania.
1827.

1000000000

1000000000

1000000000

1000000000

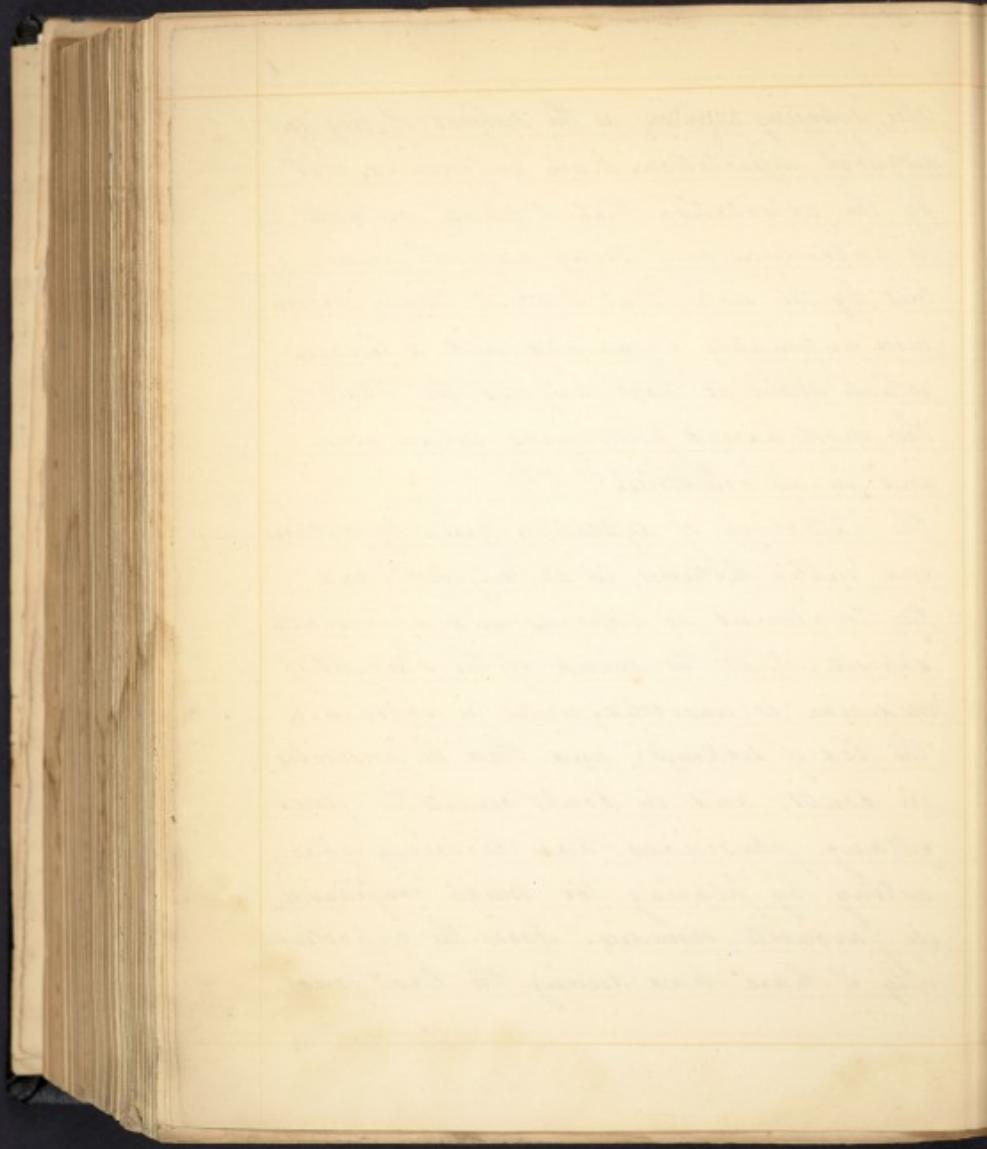
1000000000

1000000000

1000000000

In selecting dysentery as the subject of my inaugural dissertation, I am influenced, not by the expectation that I shall be able to introduce any thing entirely new, but by the hope that I shall thereby become more intimately acquainted with a disease, which seems to have baffled the skill of the most learned physicians, in all ages, and in all countries.

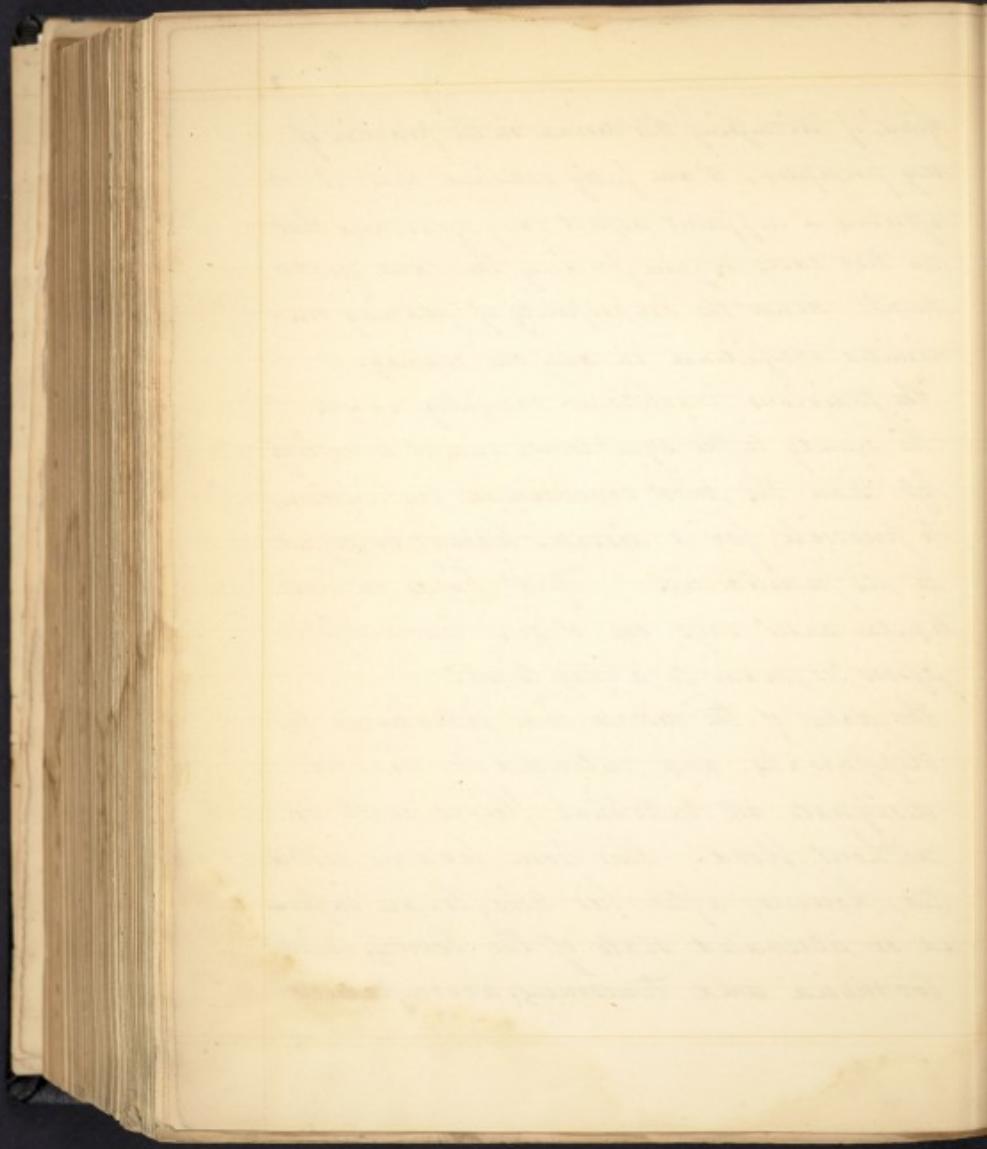
The pathology of dysentery given by authors and public lecturers, is so different, and the treatment so various and apparently opposite, that the mind of the student of medicine is unsettled, until he approaches the bed of sickness; and then he prescribes in doubt, and in doubt awaits the issue. Many physicians have certainly gone astray by placing too much confidence in favourite remedies. From the opportunity I have had during the last four



years, of witnessing this disease in the practice of my profession, I am fully satisfied that it assumes a different aspect every year, and that no two cases require precisely the same treatment. Hence the impropriety of placing unlimited confidence in any one remedy.

The judicious practitioner carefully adapts the remedy to the symptoms; and it is nothing less than the most consummate empiricism, to prescribe for a disease, having no regard to its peculiarities. "What holds in particular cases" says one of our learned professors "is made to apply to all."

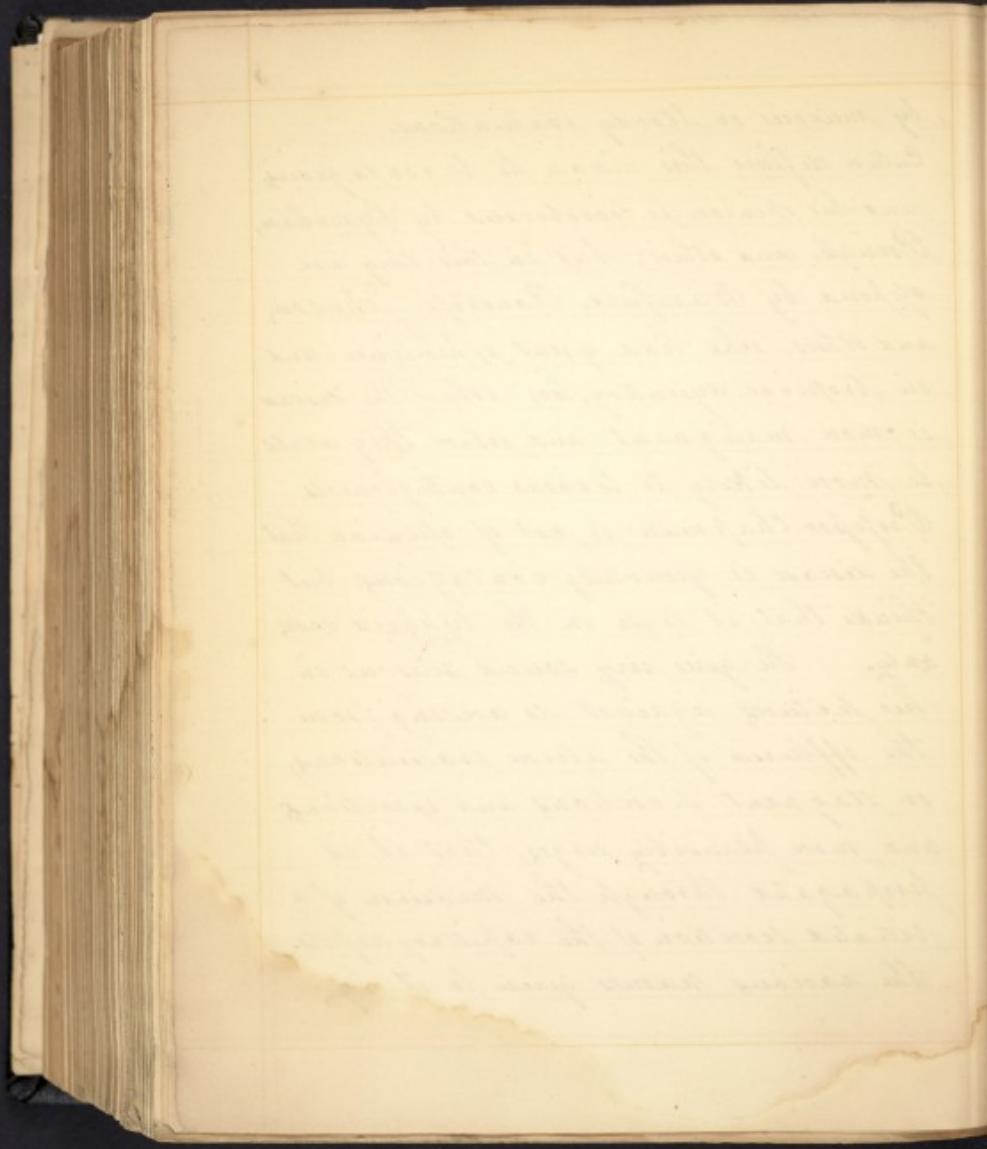
The name of the disease was introduced by Hippocrates, and intended by him to designate all intestinal fluxes, with or without blood. This term became restricted, however, after his time, to an inflamed or ulcerated state of the bowels, with torments and tenesmus, accompanied



by mucous or bloody evacuations.

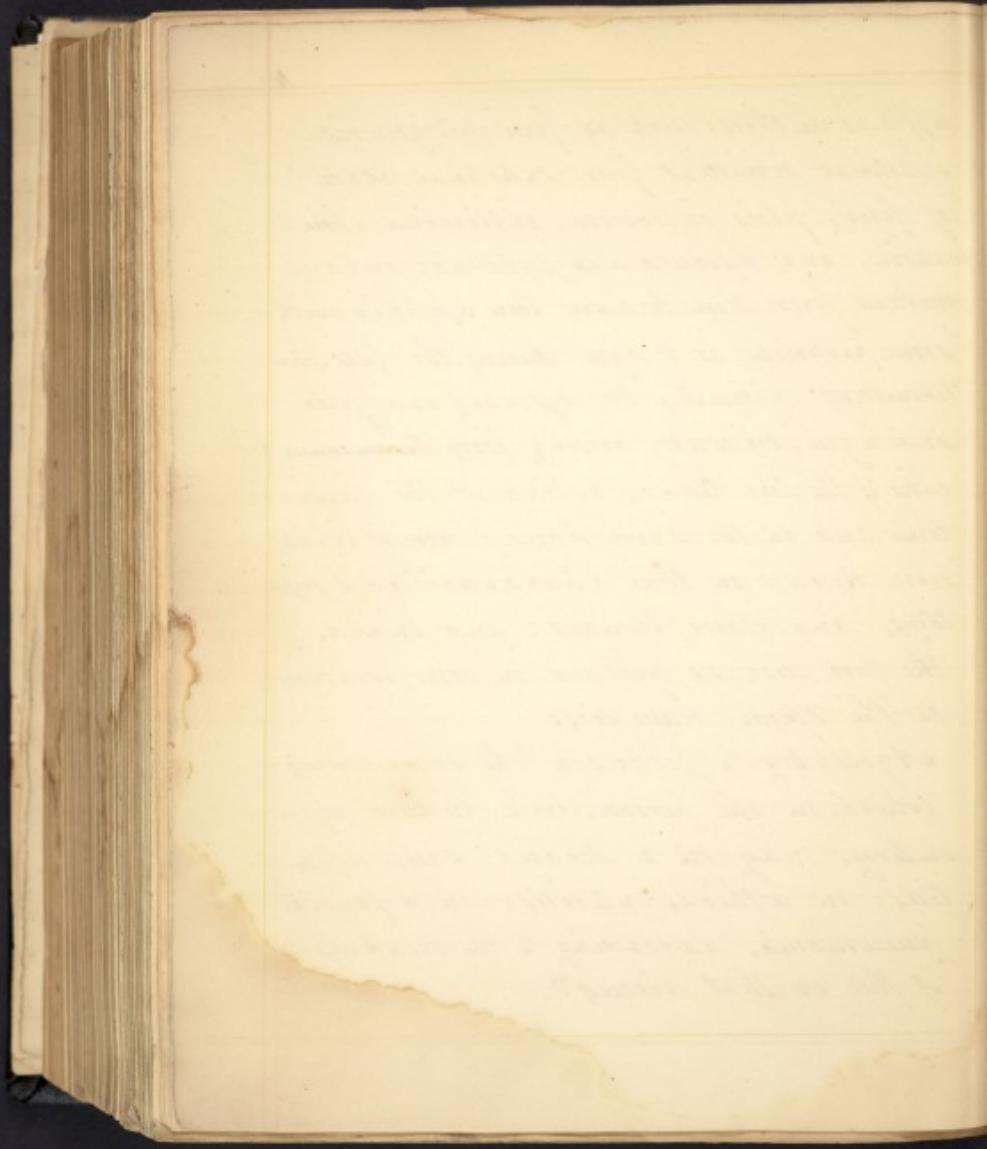
Cullen defines this disease to be contagious, and his opinion is corroborated by Sydenham, Pringle, and others; but in this they are opposed by Bampfylde, Baucroft, Johnson, and others, who had great experience, and in tropical asyntropy, too, where the disease is more malignant, and where they would be more likely to become contagious.

Professor Chapman is not of opinion that the disease is generally contagious, but thinks that it is so in the typhoid cases only. He gives very sound reasons in his lectures against its arising from the effluvia of the alvine evacuations, or stagnant secretions and excretions, and more plausibly urges, that it is propagated through the medium of a vitiated secretion of the capillary vessels. The various names given to it by

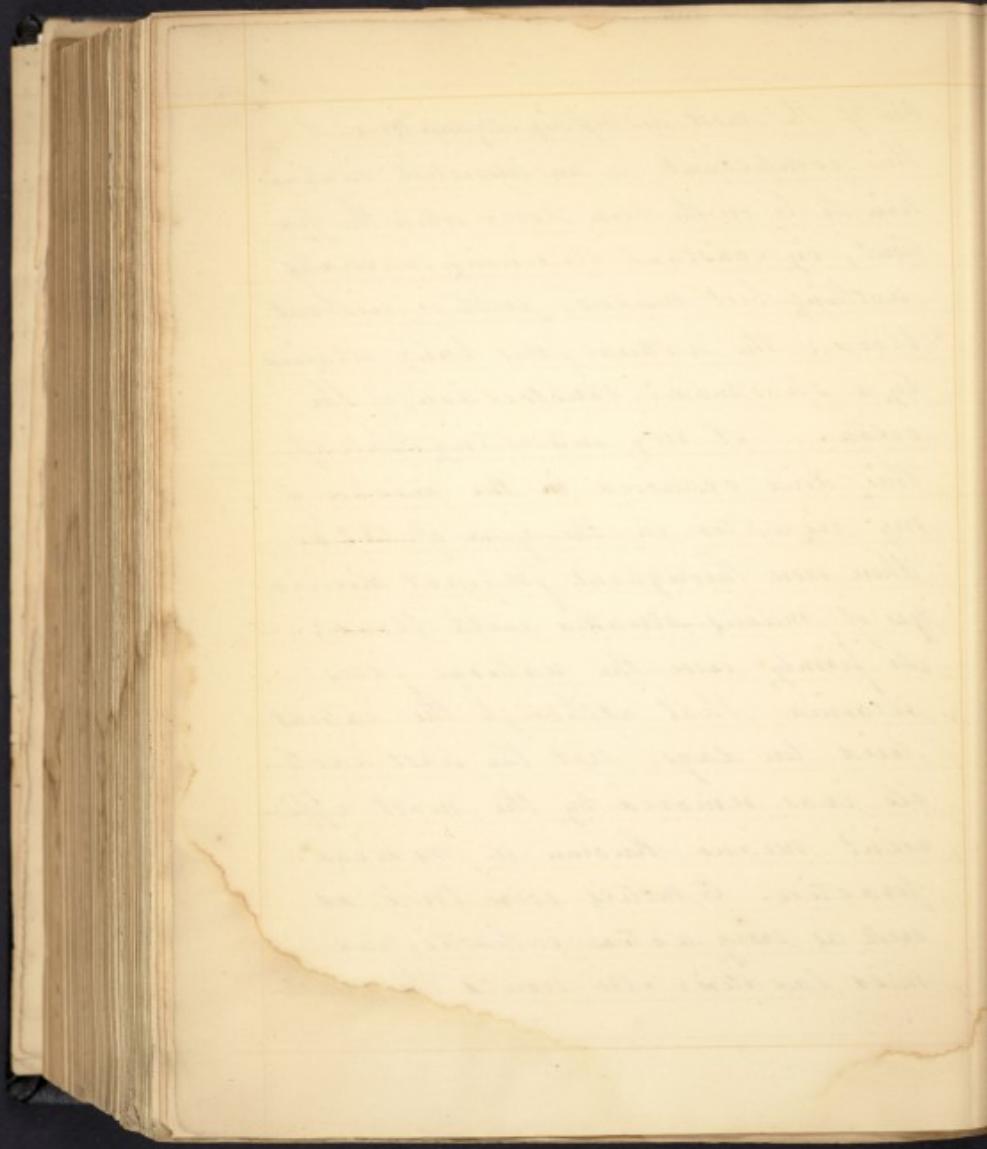


different authors, such as fever sui generis, intestinal remittent fever, intestinal state of fever, *febris introversa*, inverted rheumatism, and I would add intestinal intermittent fever, seem to have been applied with some propriety, as I saw during the late intermittent epidemic, the dysentery and fever and ague, violently arising from the same cause; cases of the two diseases existed at the same time, and in the same house, some of which were distinct in their characteristic symptoms, and others blends; and indeed, the two diseases yielded in some measure to the same remedies.

Agreeably to Johnson "The same cause which, in one person, will induce dysentery, may in a second, cause hepatitis; in a third, enteritis; in a fourth pneumonia, according to the make up of this or that viscus?"

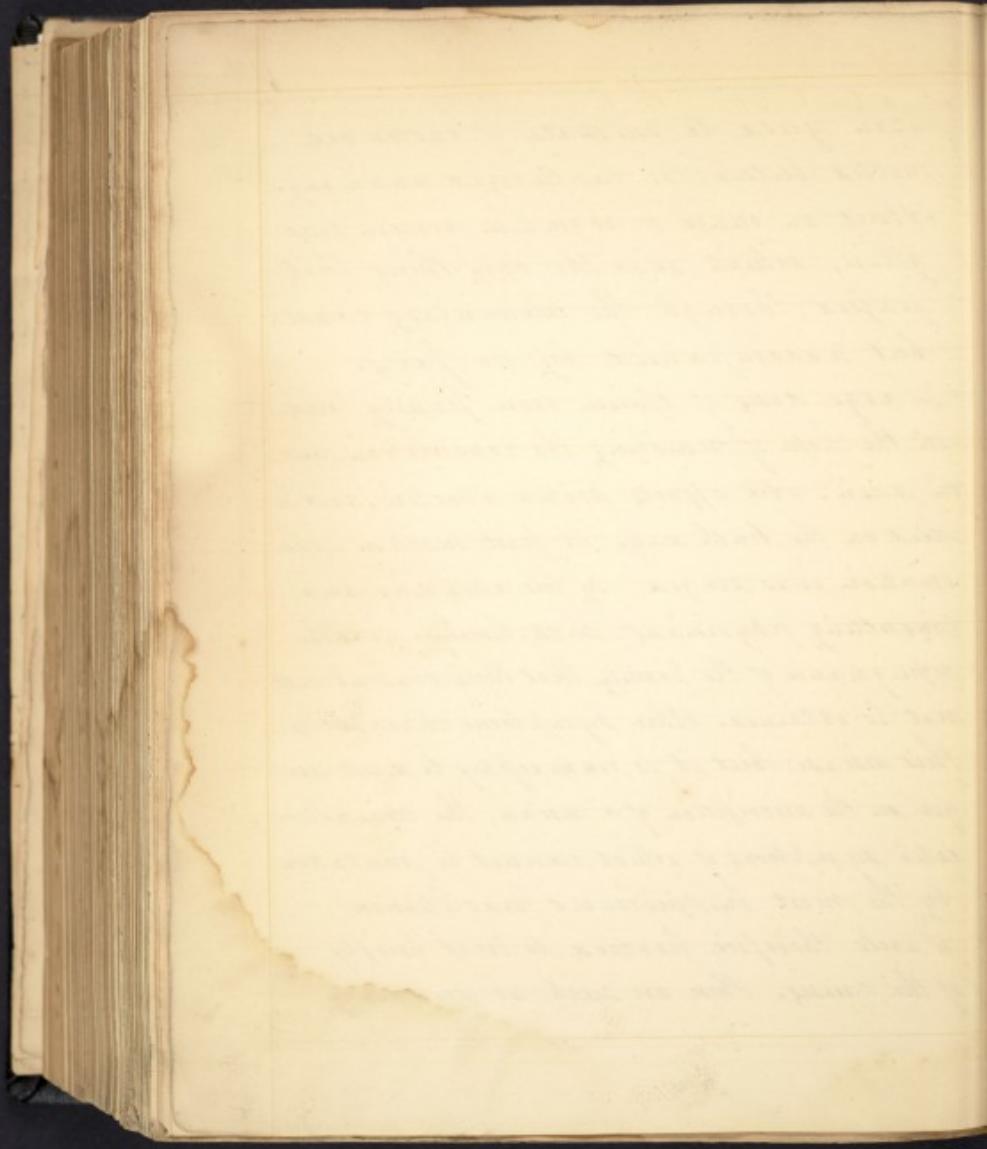


One of the most distressing symptoms of this complaint, is an irresistible inclination to be on the close stool; while the patient, by constant straining, evacuates nothing but mucus, with or without blood; the natural feces being retained by a spasmodic constriction of the colon. A very interesting case of this kind occurred in the practice of my preceptor in the year of 1824. There were throughout, frequent discharges of mucus streaked with blood; so firmly were the natural feces retained, that although the patient lived ten days, not the least particle was removed by the most efficient means known in medical practice. Emetics were tried, as well as every active cathartic, and mild laxative: but would the consti-



-pation yields to enemata of castor oil, melted butter, or tartarized antimony. About an ounce of argentum nitrum was given, which was the only thing that passed through the alimentary canals but accompanied by no feces.

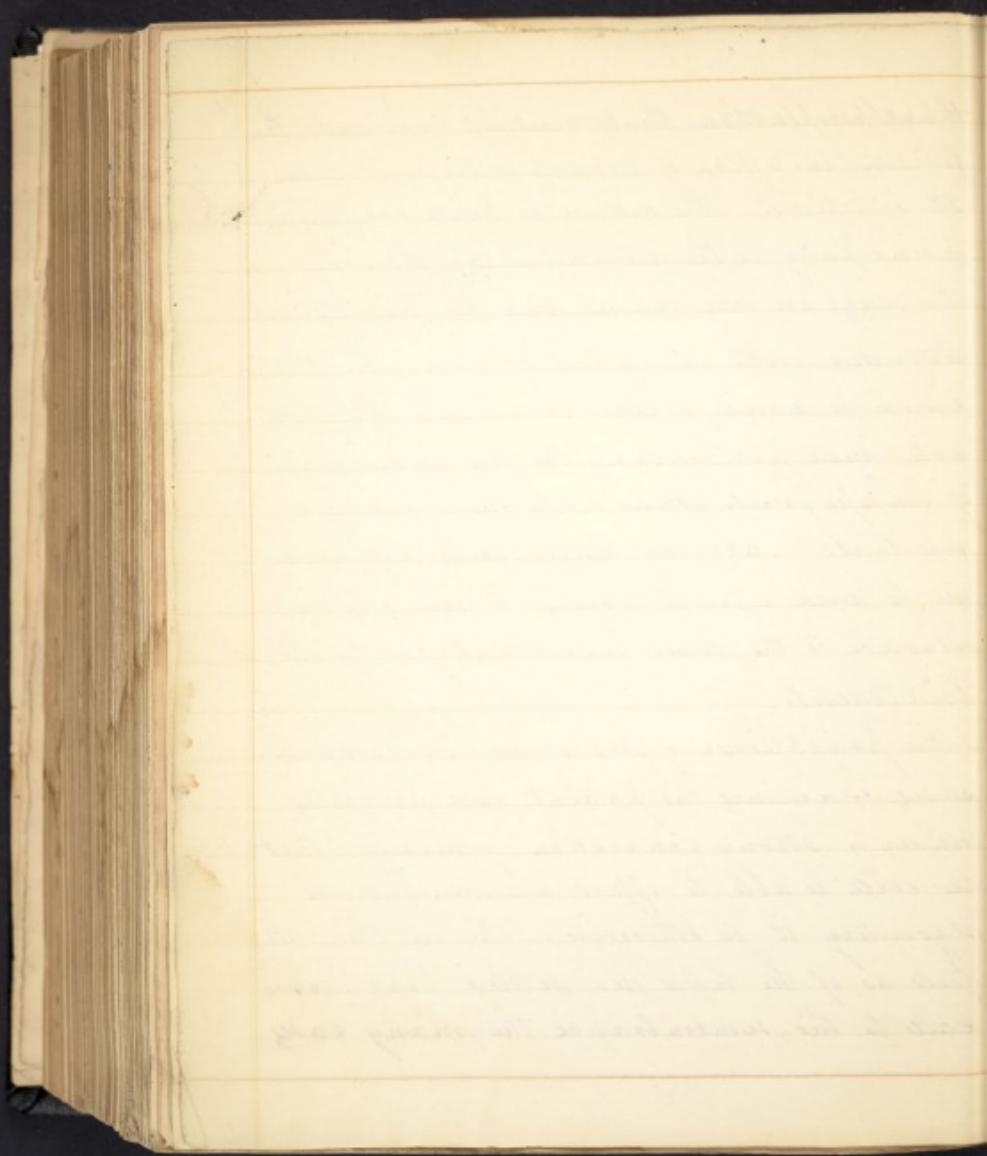
Large doses of opium were finally tried, in the hope of removing the constriction, but in vain. All efforts proved abortive, and he died on the tenth day. A post mortem examination was urged, by his attending and consulting physicians; such, however, was the repugnance of the family, that their consent could not be obtained. Other symptoms characterize this disease; but it is unnecessary to dwell longer on the description of a disease, the characteristic symptoms of which, cannot be mistaken by the most inexperienced practitioner. I will therefore proceed to treat briefly of the causes. These are such as suddenly



1

check perspiration, thereby causing, according to Johnson, "an afflux of blood to be thrown upon the intestines." The disease is hence confined principally to the autumnal months, when the days are very warm and the nights cool, attended with heavy falls of rain. Another cause is, acid matter taken into the stomach, more particularly the free indulgence of unripe fruit. Measles may also give rise to it. As my limits will not allow me to dwell upon the causes, I will proceed at once to the most important part - the treatment.

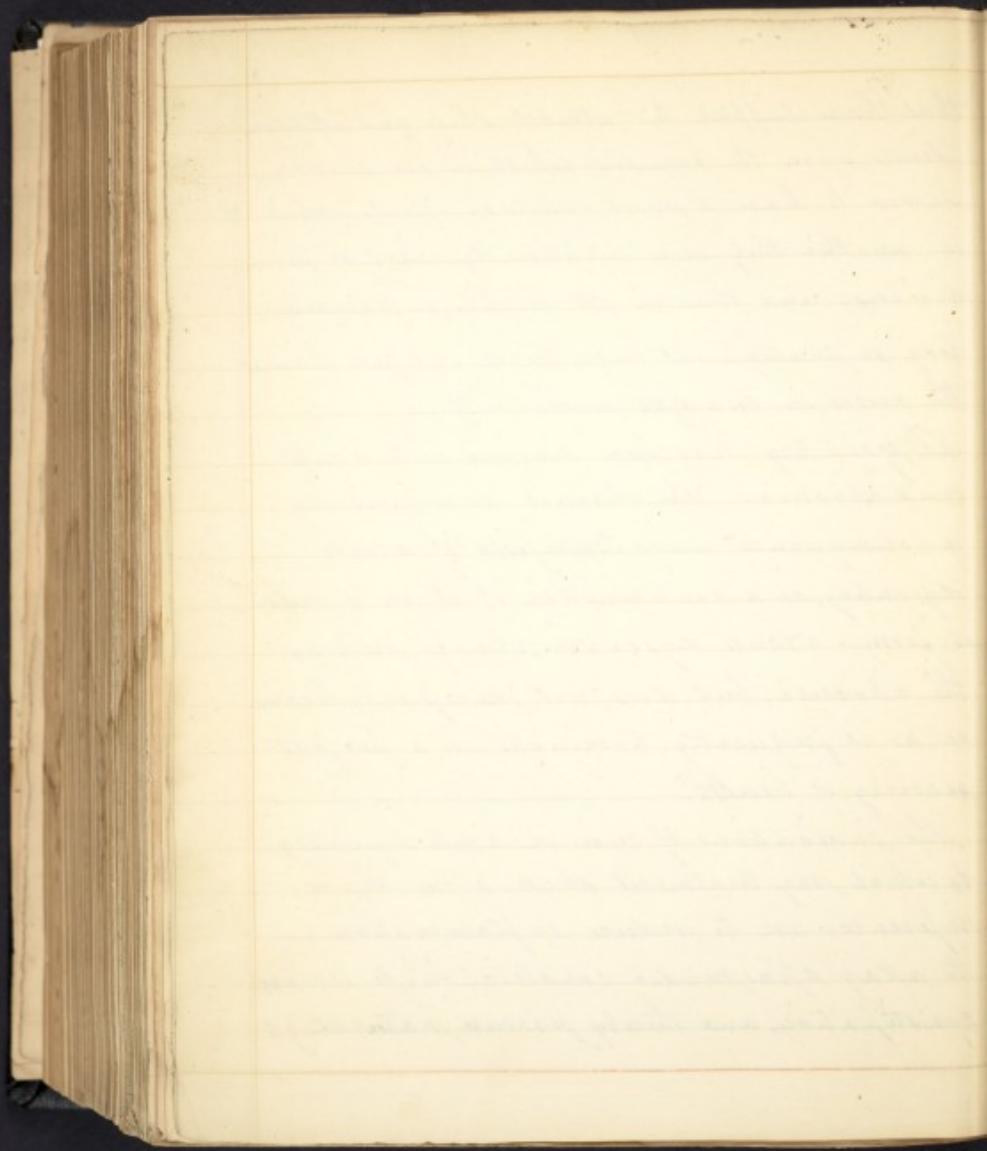
The practitioner of medicine, in some diseases, examines his patient, and prescribes under a strong conviction, generally, that he will be able to effect a cure; but in dysentery it is otherwise. He, in this often feels as if he had no settled practice, calls to his remembrance the many cases



that have baffled his utmost skill and attention; I devolve upon the remedies which, in one season, seemed to have a most salutary effect, while in another they were apparently inert or pernicious; and thus, in all highly inflammatory, or malignant cases, he is obliged to await the crisis in undivine uncertainty.—

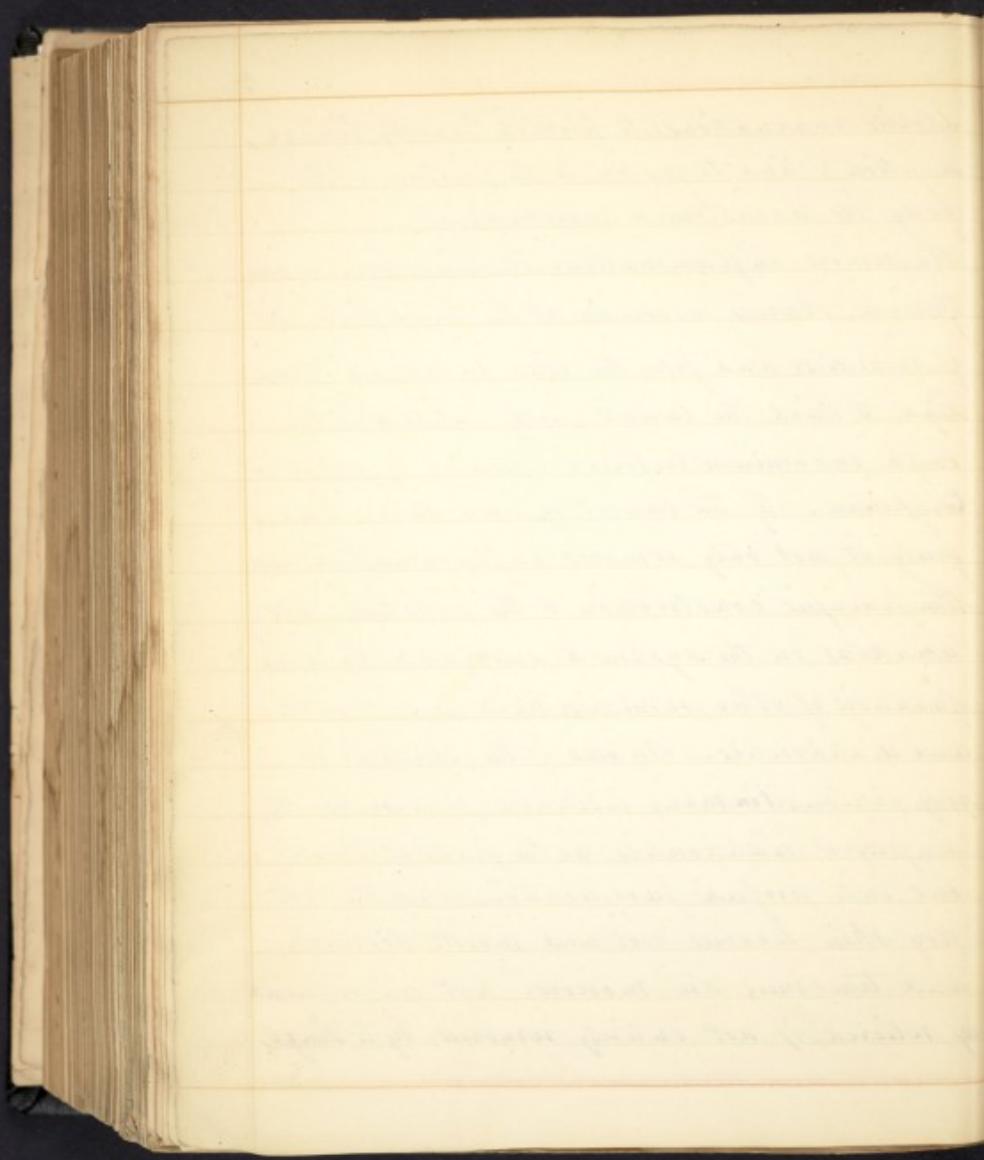
Dysentery has been divided into acute and chronic. The chronic is universally a consequence of acute dysentery, or a continuation of it in a milder form. Acute dysentery always precedes the chronic, but does not necessarily become so, as it frequently terminates in a perfect recovery of health.

The indications of cure in acute dysentery, to which my treatment shall alone have reference, are to reduce inflammation, to allay spasmodic constrictions, to remove constipation, and thereby procure natural



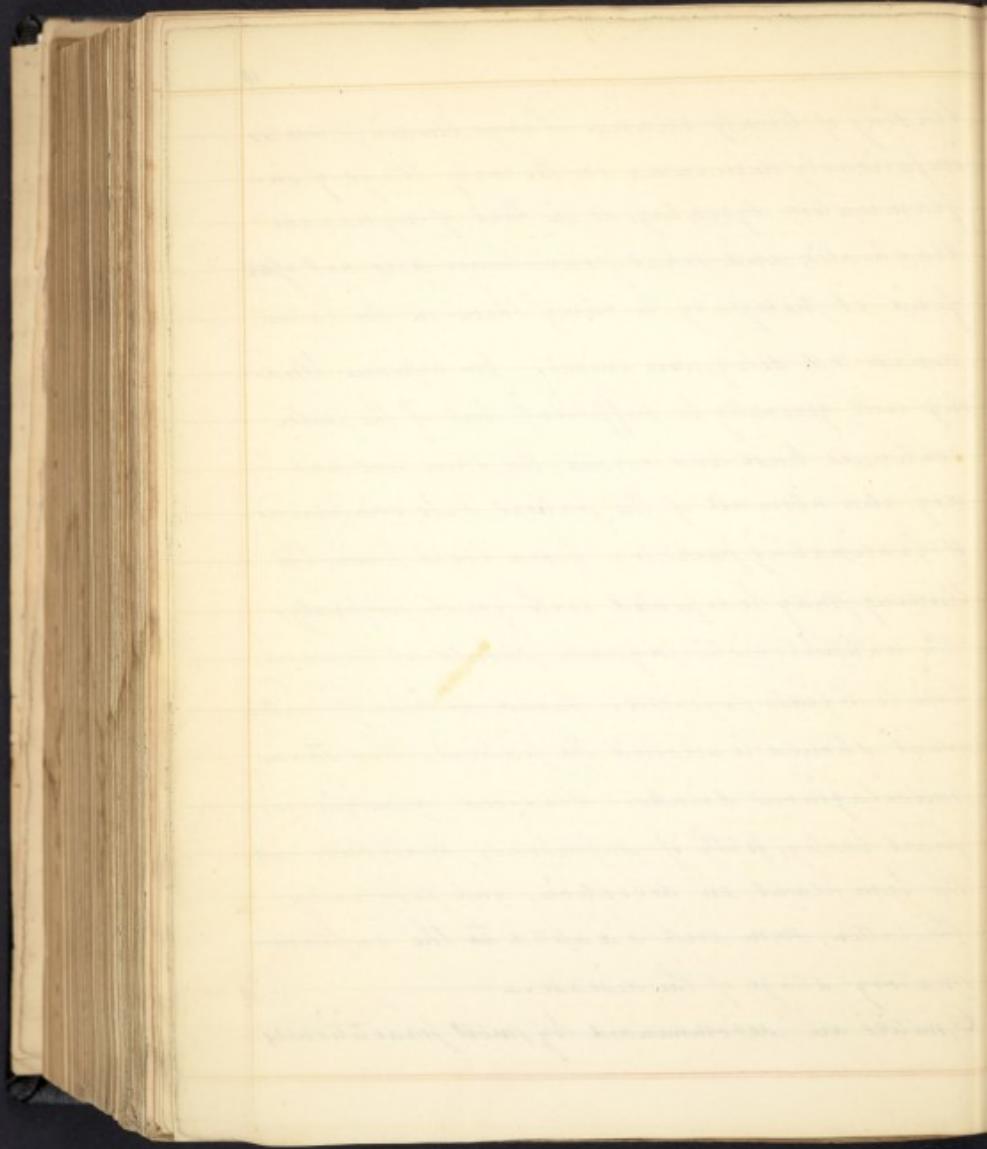
alvine evacuations; to promote healthy biliary excretion; and to restore to the surface of the body its accustomed moisture.—

To remove inflammation, bleeding generally topical, stands secondly at the head of the list of remedies; and from the little experience I have had, I think the lancet justly entitled to the high encomium bestowed upon it by professor Chapman. If the lancet be used early, and freely, it not only removes inflammation and the painful constriction of the intestines, but accustoms in the system a susceptibility to the operation of other remedies; such as cathartics and diaphoretics. Indeed if the bleeding be very copious in many instances purges the necessity of diaphoretics; as the patient bursts out into profuse perspiration, and the hot dry skin becomes cool and moist. Torment and tenesmus are moreover not infrequently relieved, if not entirely removed, by a single



bleeding of twenty ounces. Large bleedings are as impiously demanded in the early stage of inflammatory dysentery, as in that of croupache trachealis; and what practitioner does not often find it necessary to carry them in the latter disease at deliquium animi. One copious bleeding will generally be sufficient; but if the pulse continues tense and cordic, the skin hot and dry, and above all if the patient still complains of lancinating pains, or a fixed local pain, the bleeding may be repeated with great propriety. The antiphlogistic regimen should at the same time be rigidly enforced. Indeed, no kind of nutriment should be allowed the patient, other than mucilaginous drinks.— Flaxseed, gum arabic, pearl barley, pith of sassafras, marshmallows, and the bane plant, in decoction, and especially the latter, seem well adapted to the inflammatory stage of the disease.—

Clysters are recommended by most practitioners



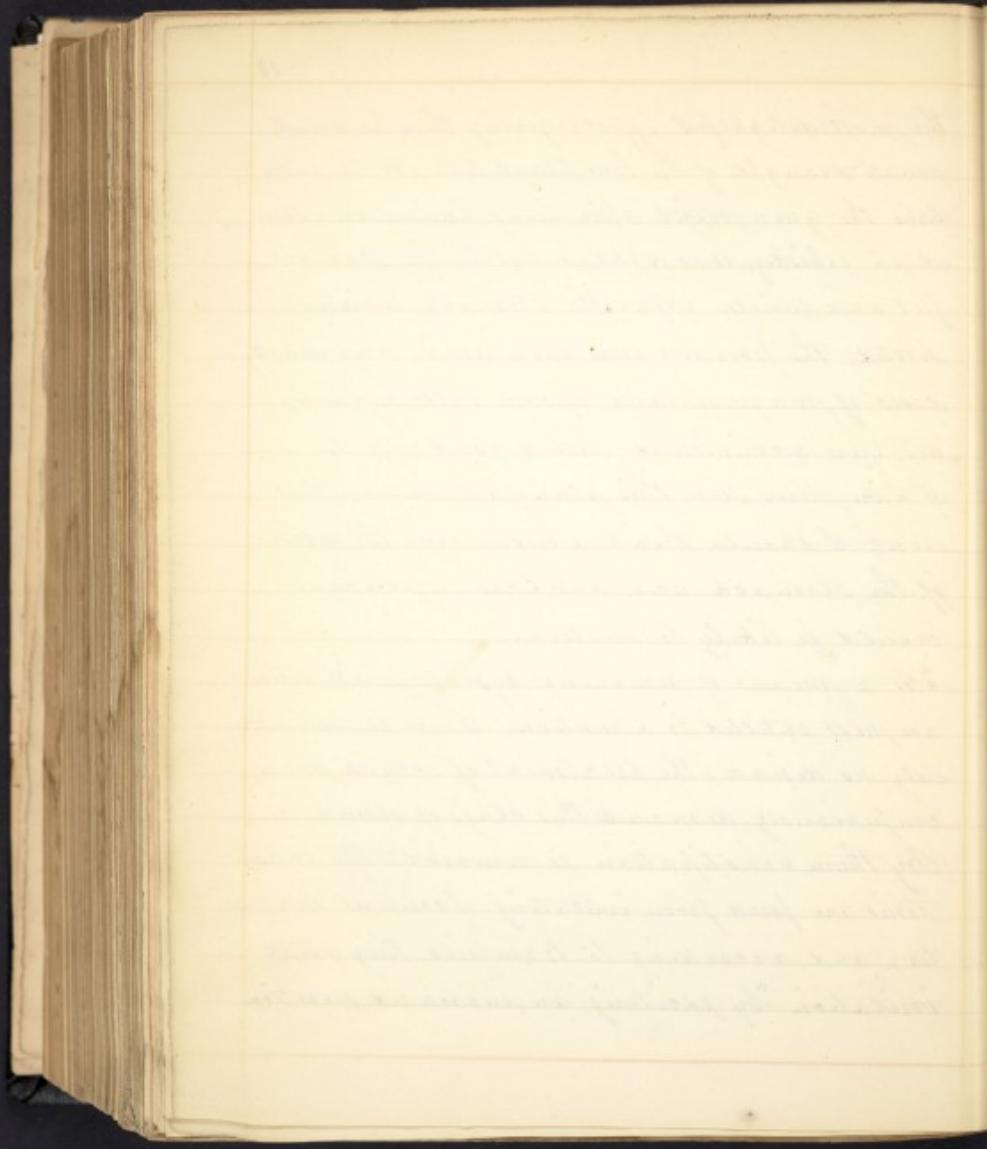
in the commencement of such cases as are accompanied with much nausea or retching.— In marshy countries, too, they are said to have a very salutary effect, and in the cases that accompanied the late intermitent epidemic they were administered by my preceptor with manifest advantage.— Pringle and Thomas recommend us to begin the cure "in most cases by giving an emetic"; but in ordinary cases they are certainly unnecessary if not pernicious and ought to give place to cathartics.—

The commencement of dysentery is sometimes attended with violent vomiting, differing in nothing from cholera morbus, except in the dysenteric stools. In such cases, neither emetics nor cathartics seem so answer so good a purpose, as small doses of calomel and gum arabic. I have seen one eighth of a grain of the former and ten grains of the latter administered in combination, every two hours, to children with

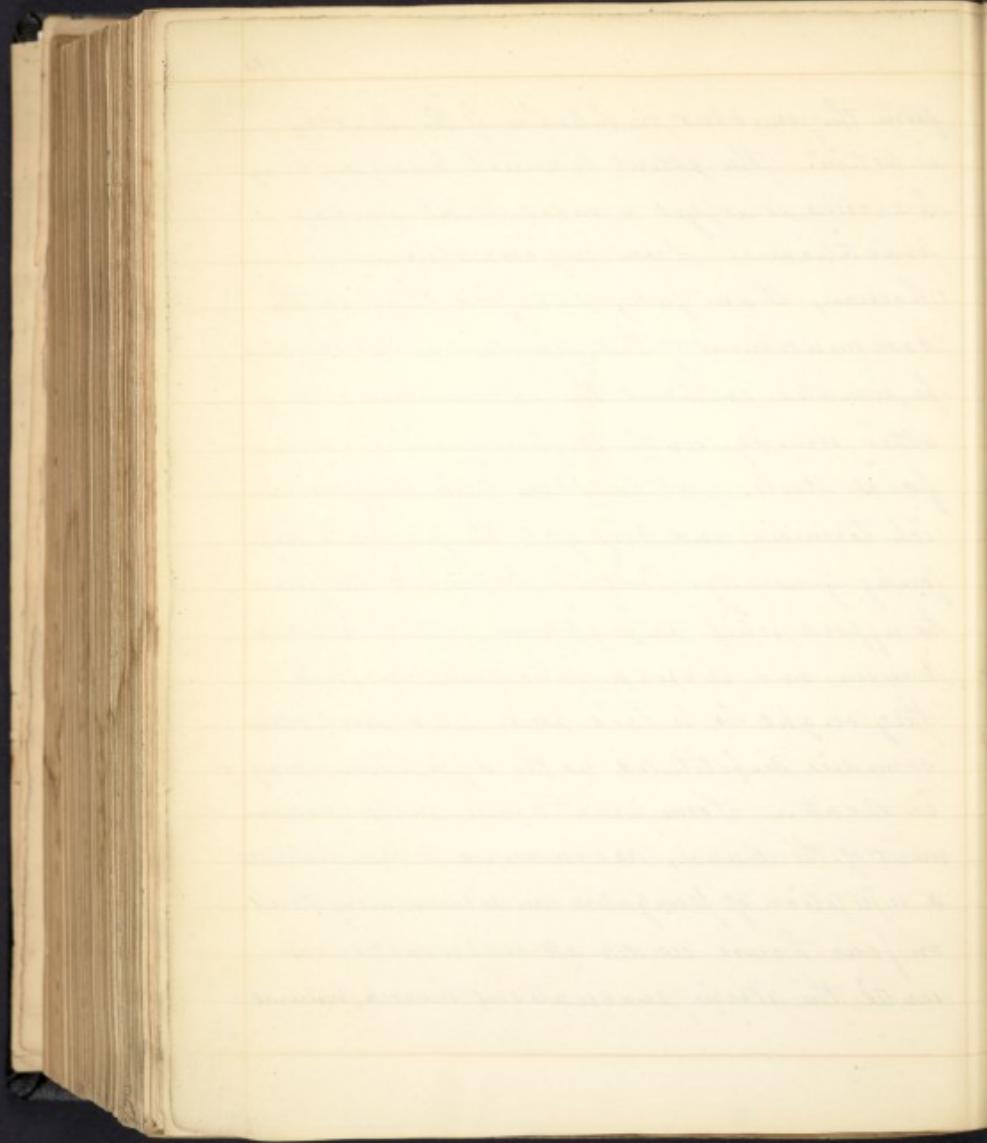


the most delightful effect; giving them as drink, small draughts of the lene plant tea. At the same time the green mint, after being bruise and steeped in whisky, was applied hot to the stomach, feet and wrists. After the stomach became settled, the poultice were laid aside, and small doses of magnesia and epsom salts, or castor oil, were administered with a good effect. I have never seen this plan fail; but, in that event, I should think a blister over the region of the stomach, and anodyne injections would be likely to succeed.—

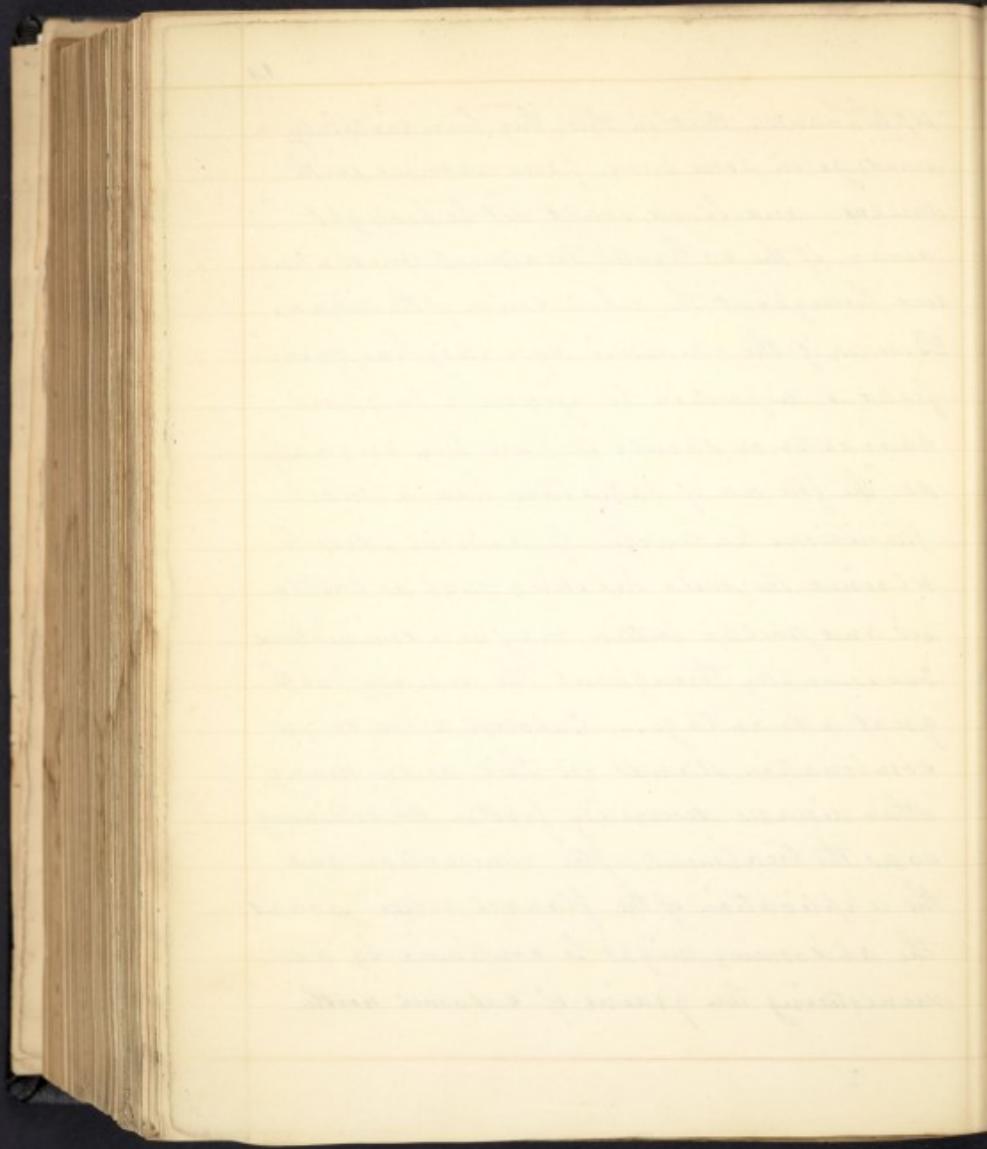
As a means of removing dysentery, cathartics are best entitled to attention. There is undoubtedly no disease, the treatment of which more imperiously demands this class of remedies. By them constipation is removed; the intestines are freed from irritating feculent matter, and, according to Bamfield, they allay irritation by exciting an increased secretion.



from the mucous membrane of the healthy intestine. The extent to which purging may be carried, is as yet a moot point among practitioners. From my own observation, however, I am fully satisfied that in the commencement of this disease, cathartics may be repeated without the intervention of any other remedy, until they bring away copious faecal stools, at the same time they diminish torments, and mitigate the patient's suffering generally. But the moment they cease to afford relief, and appear rather to excite nausea, and increase intestinal distress, they ought to be laid aside, and such other remedies substituted as the symptoms may indicate.— Some practitioners, in the commencement of the disease, recommend to their patients a repetition of purgative medicines every three or four hours under all circumstances, until the above evacuations have a natural



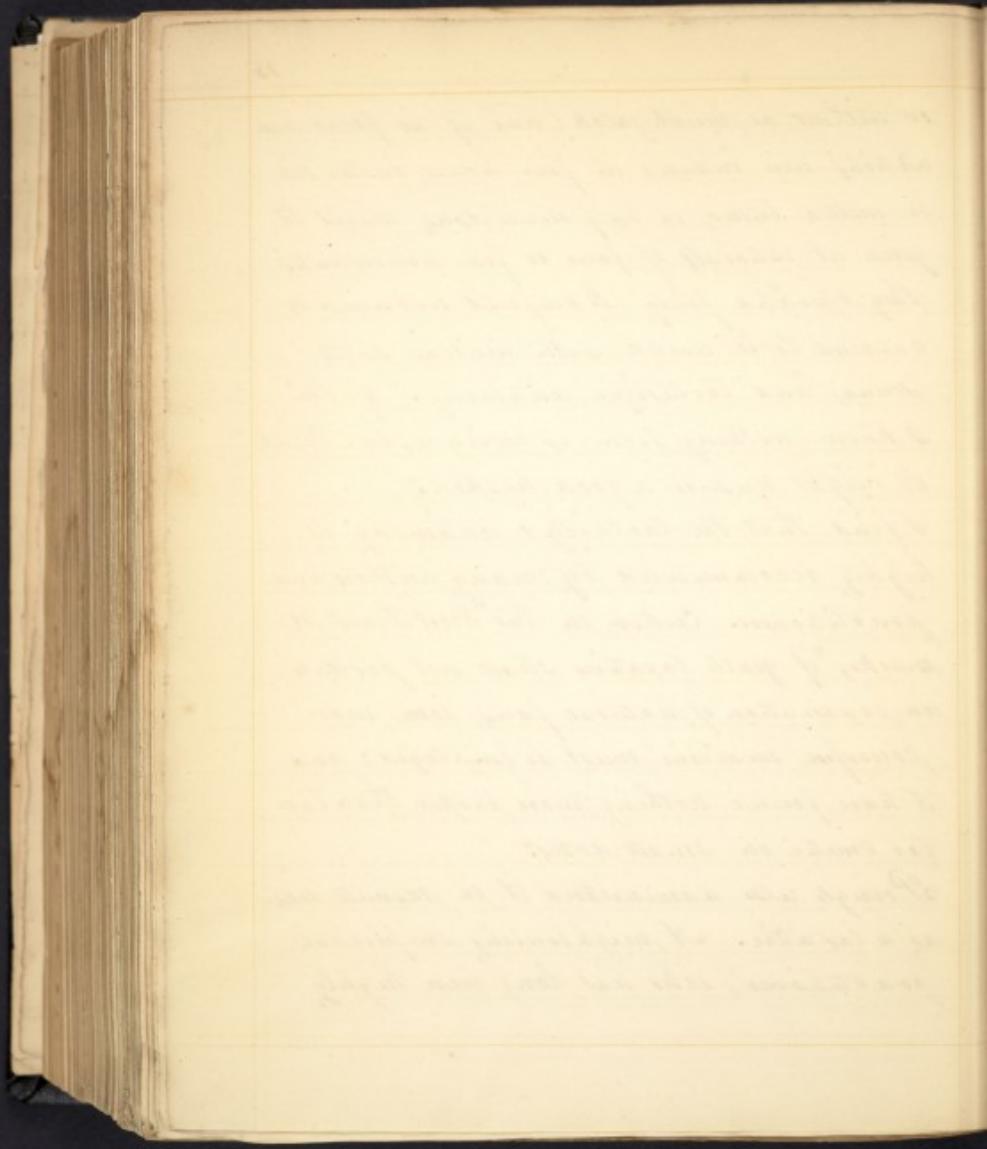
appearance. But in this they have certainly
swelled as in some cases, faeces unmixed with
mucus and blood could not be brought
away, if the cathartic treatment were contin-
ued throughout the whole course of the disease.
Besides, if the epidemic dysentery has mani-
fested a disposition to assume a typhoid
character, or should it have been originally
so, the free use of cathartics have a most
pernicious tendency. If natural faeces be
retained the mild laxatives, such as castor
oil and melted butter, may be administered
occasionally throughout the disease with
great advantage.— Calomel, alone or in
combination, stands in this, as in many
other diseases, deservedly first.— In ordinary
cases, the treatment, after resection and
the application of the flannel roller around
the abdomen, might be continued by ad-
ministering ten grains of calomel with



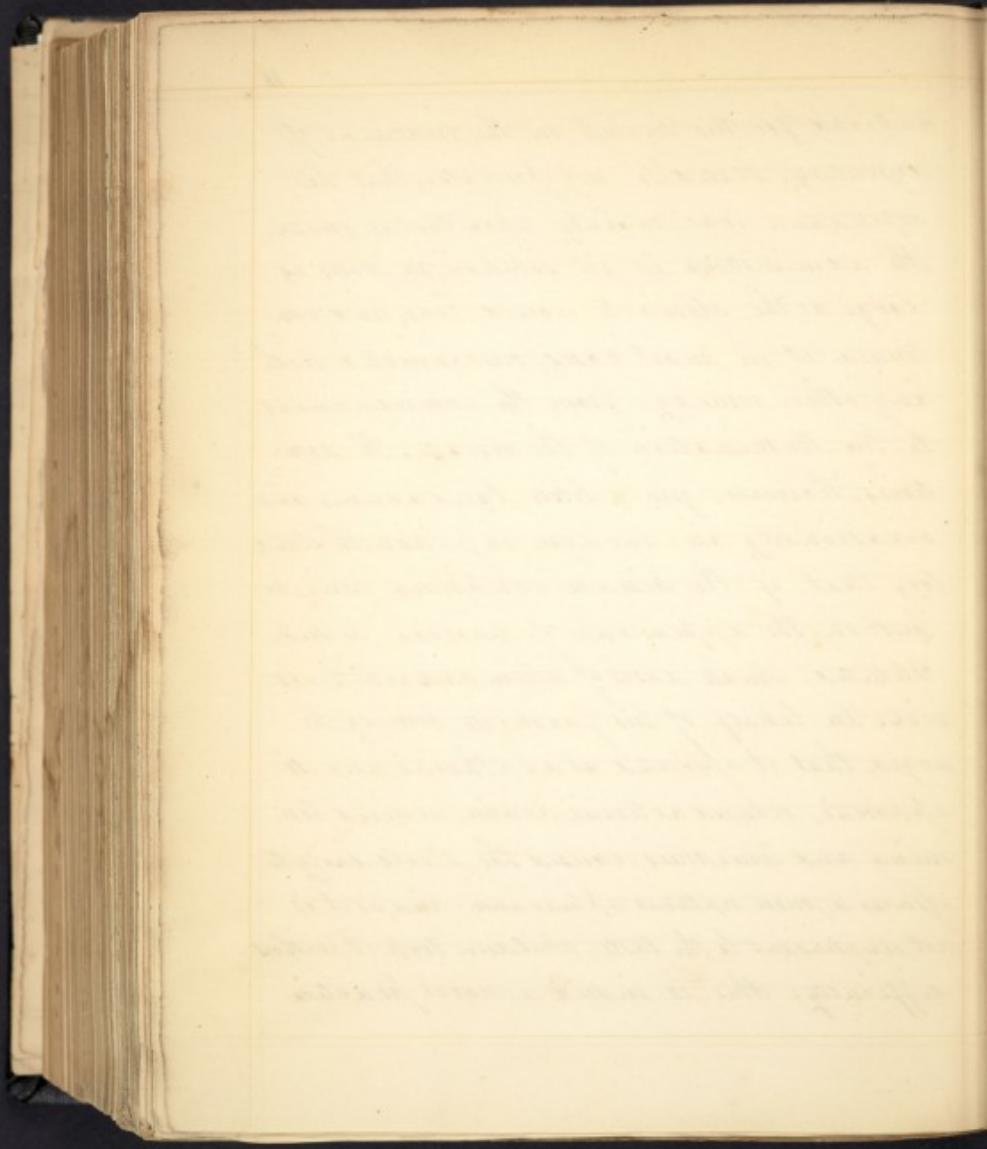
or without as much jalap; and if no faeces were evacuated even induced in four hours, castor oil or melted butter, in half ounce doses, might be given at intervals of four or five hours, until they operate freely. Bamfield recommends calomel to be united with neutral salts, senna, and tartarized antimony. Of this I knew nothing from experience, but think it might answer a good purpose.

I find that the tartarized antimony is highly recommended by many authors and practitioners. Cullen in his "First Lines" remarks, "if gentle laxatives shall not produce an evacuation of natural faeces, some more powerful medicine must be employed; and I have found nothing more proper than tartar emetic in small doses."

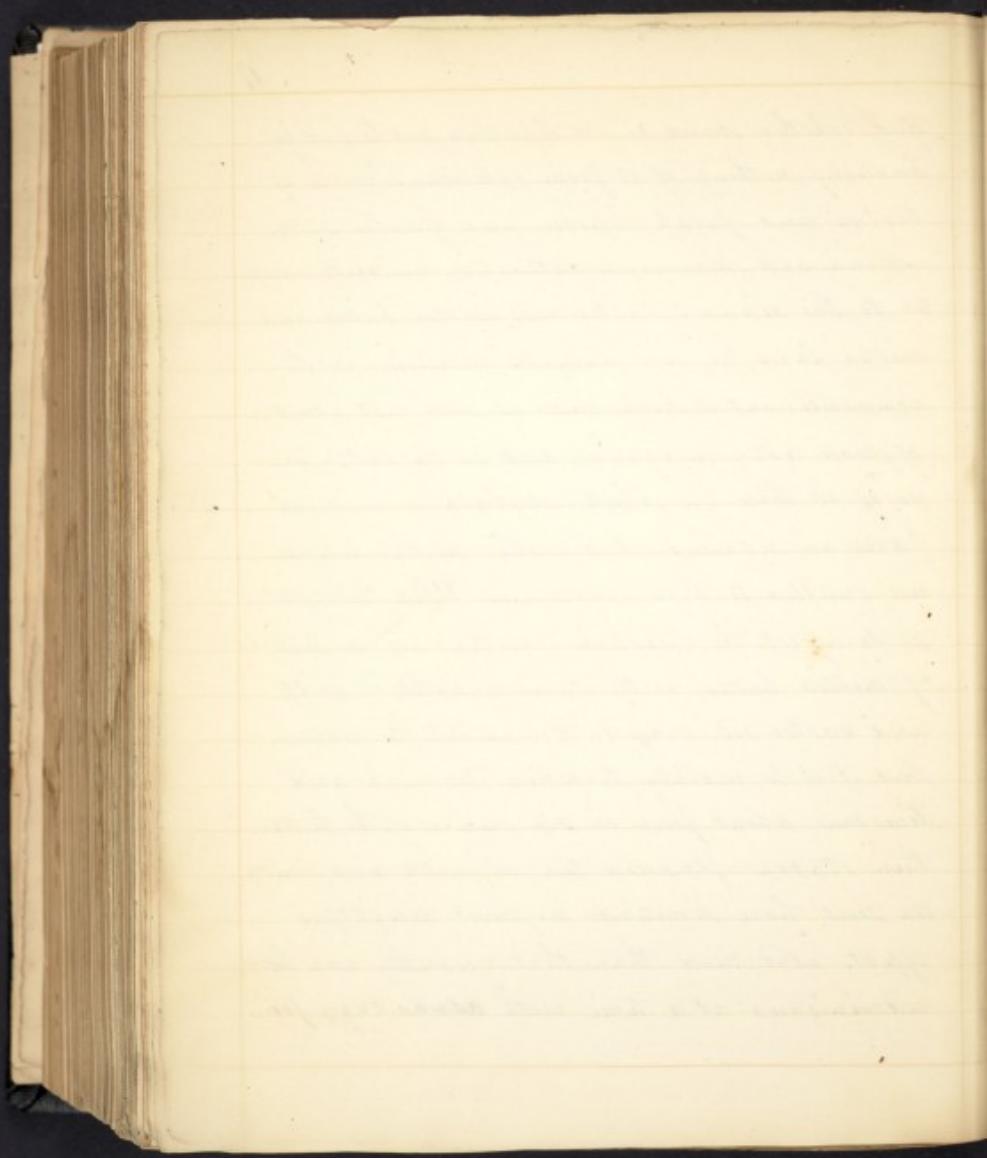
Pringle also administered it in minute doses, as a laxative. A neighbouring empirical practitioner, who has long been highly



celebrated for his success in the treatment of dysentery, stated to my preceptor, that his dependence was mainly upon tartar emetic. He administered it in solution, in doses as large as the stomach would bear, and continued it in most cases, unconnected with any other remedy, from the commencement to the termination of the disease. He sometimes, however, give a little laudanum, and occasionally an anodyne injection. He stated, too, that if the disease continued long, or put on the appearance of diarrhoea, he substituted small doses of alum and white vitriol. In behalf of his favourite remedy, he urged, that it operated as a cathartic and diaphoretic, reduced arterial action, relieved ten-
sions and tenses, muc, cause the stools daily to assume a more natural appearance, and, as it is not unpleasant to the taste, children took it without difficulty. This is indeed a novel practice



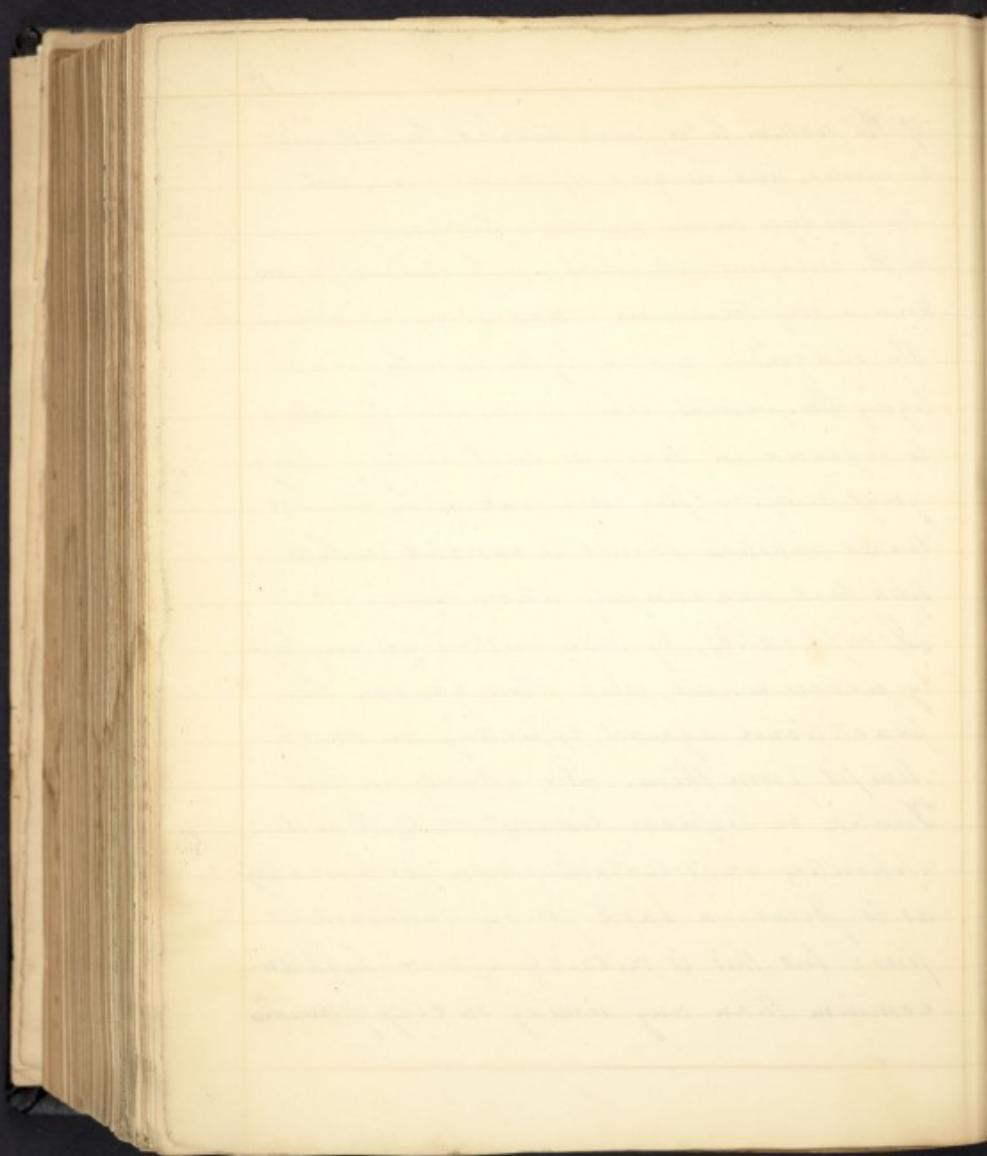
and whether sound or not, I pretend not to judge; knowing nothing of it from experience. Cream of tartar and jalap, epsom and gaulter salts, senna and manna, as cathartics, are well adapted to this disease. Castor oil, melted butter, and melted lard, too, are valuable medicines in the commencement of such cases as will not admit of more active purgatives; and in the latter stages of all those in which seybala or natural fluxes are retained. Enemata, in this disease, are suited to high pneumiums. When the object is to assist the operation of cathartics, a pint of melted butter, or the same quantity of milk and castor oil may be thrown up the rectum; but if it be mainly to relieve tormenta and tenesmus, about four or six ounces of the butter, thin starch, fluxed tea, or milk and nut-ton sent, have sometimes a most delightful effect. A lot more than that quantity can be administered at a time with advantage, for



if the rectum is too much distended, the whole will be ejected, and its good effects consequently lost.—
The anodyne enema answers a very good purpose in the prolapsus ani, which, with children, is sometimes a very troublesome attendant on this disease.

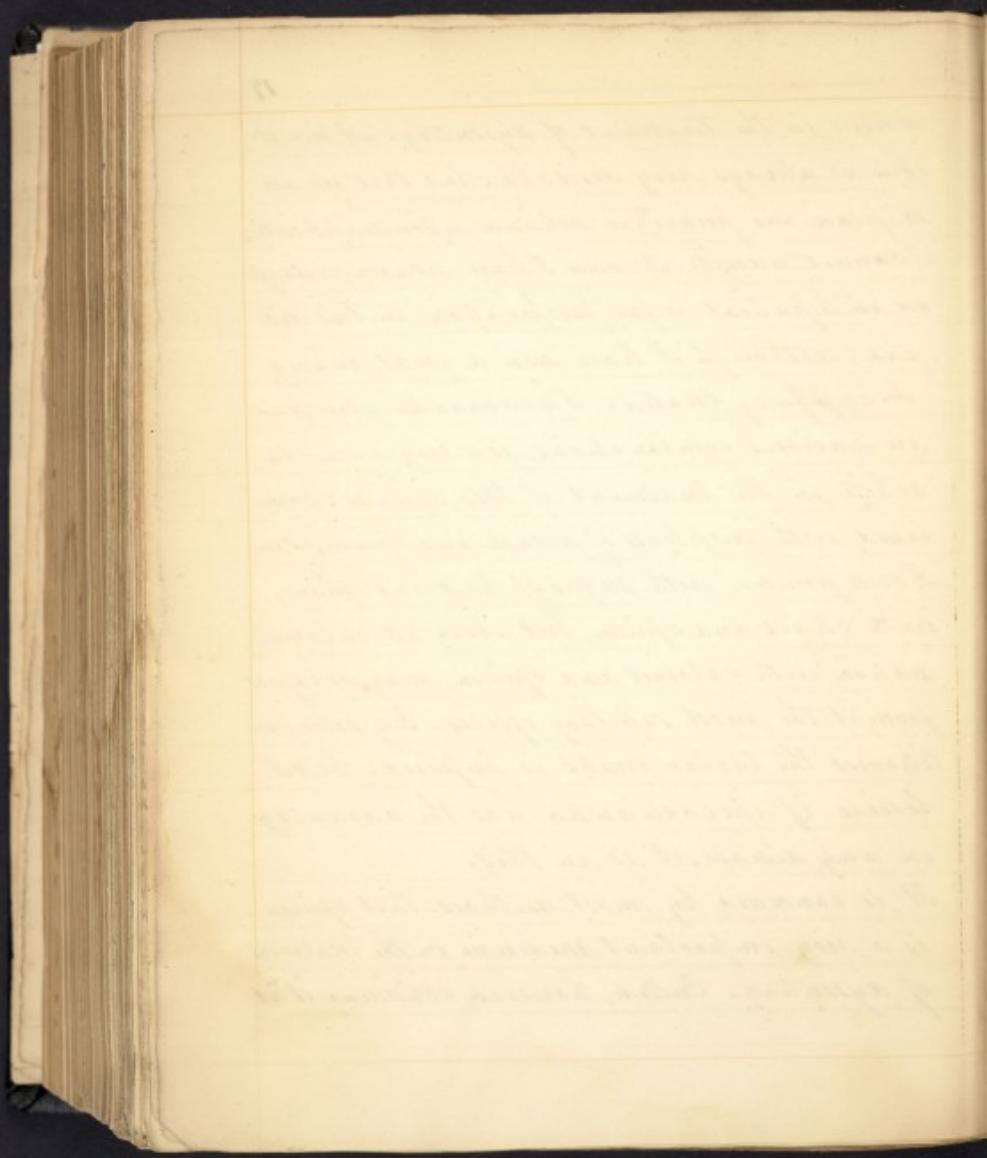
The oleaginous mixture by the mouth, and obliging the patient, while evacuating the bowels, to be placed in nearly an erect position, afford great relief. After every evacuation, the protruded intestine should be anointed with a little bark, and carefully returned.—

Diaphoretics, by some authors are very highly recommended, while others caution the practitioner against effecting too much benefit from them. Dr. Koscielny, in his "Treatise on Tropical diseases", states, that diaphoretics are as certain a cure for dysentery as is Peruvian bark for an intermitting fever; but this is certainly a more high-tonicum than any remedy or elixir of remedies.

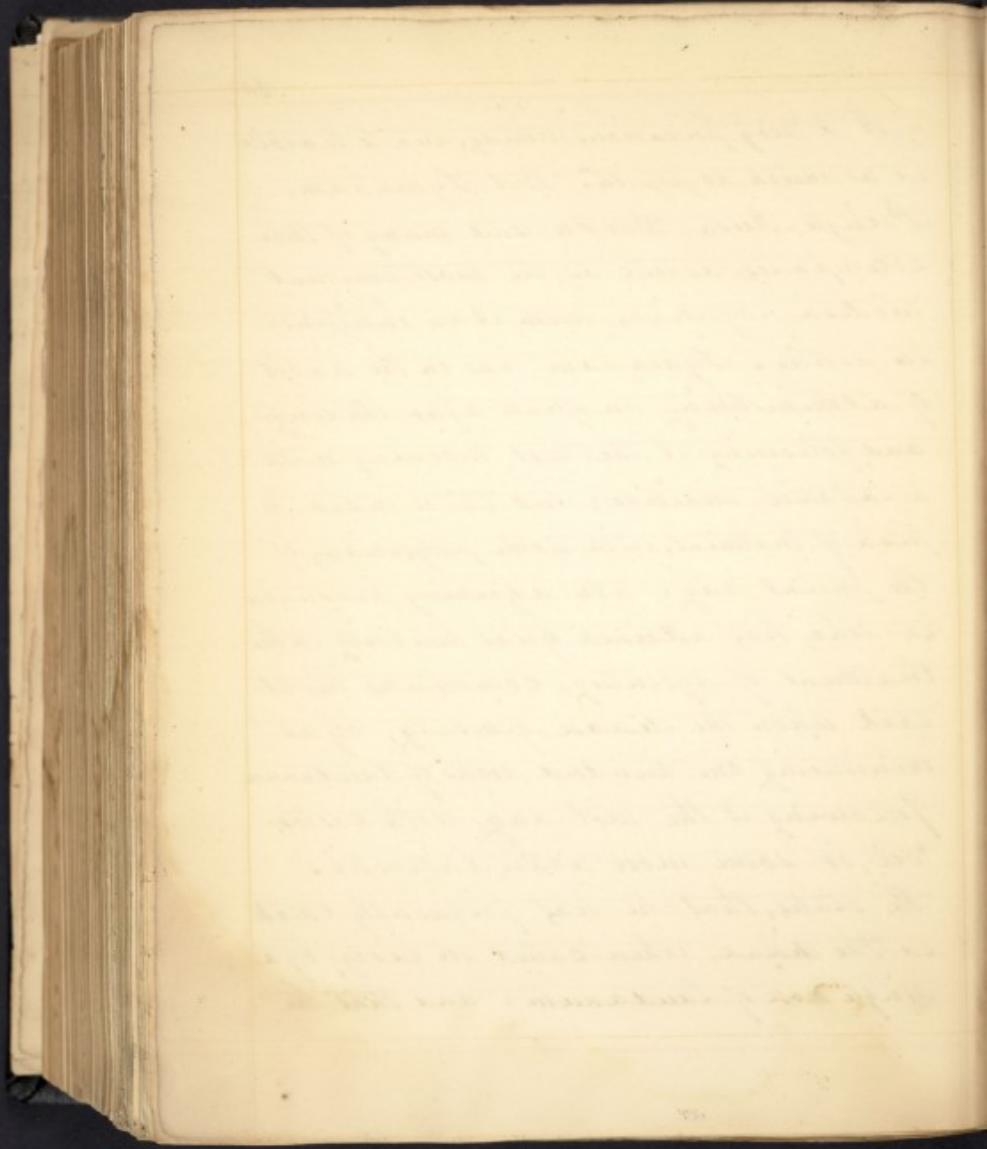


deserves in the treatment of dysentery. A moist skin is always very desirable; but that we are to place our principal reliance upon diaphoresis I cannot admit. Indeed I have seldom witnessed in a patient a free perspiration in this disease, although I have seen a great many successfully treated. Specacuanha alone, and in various combinations, is a very valuable article in the treatment of this disease: combined with sulphate of potash and opium, as in Dover's powder, with sugar of lead and opium, with chalk and opium, but above all in combination with calomel and opium, may we expect from it the most salutary effects. By some practitioners the tarter method is preferred: but I believe if specacuanha has the advantage in any disease, it is in this.

It is conceded by most authors, that opium is a very important medicine in the treatment of dysentery. Cullen, however, considers it at



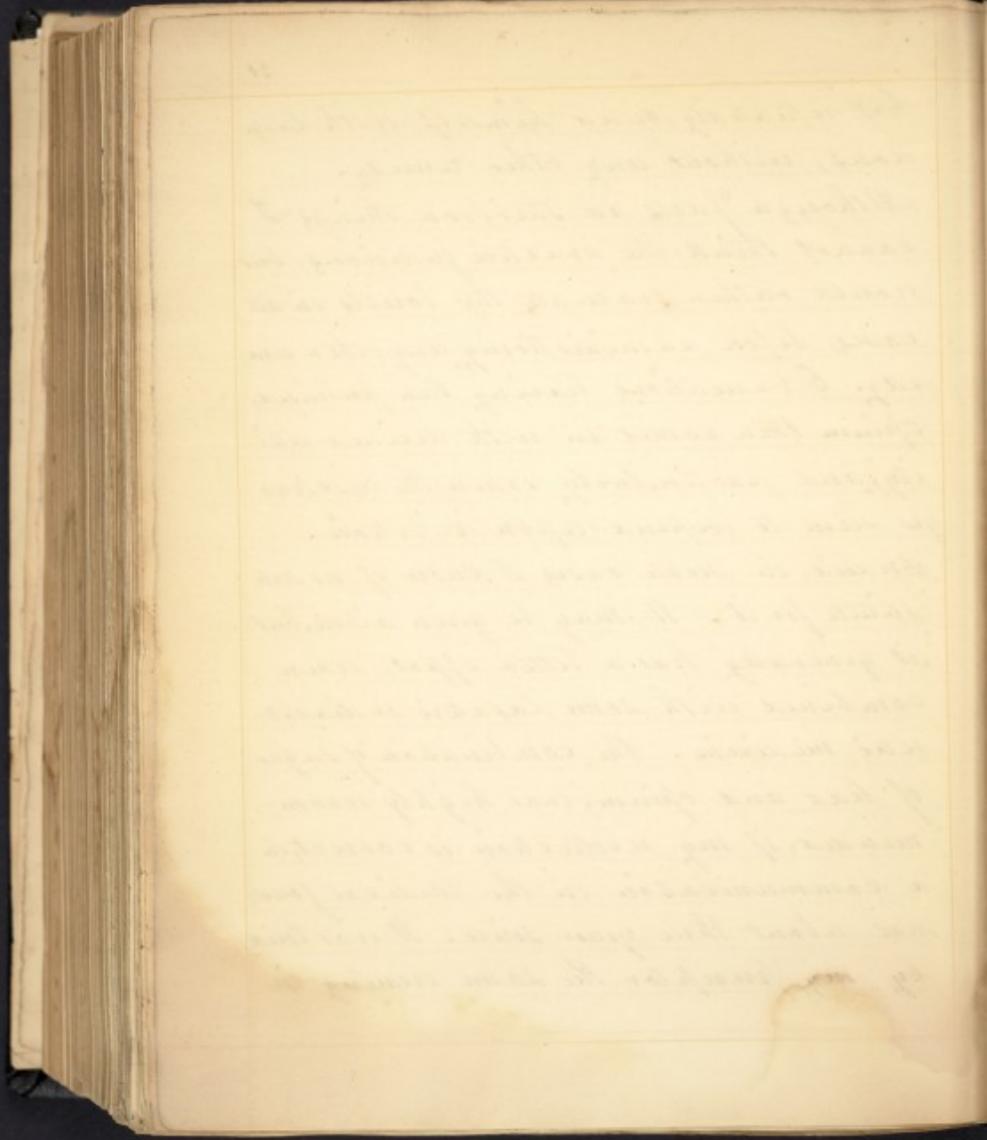
best a very precarious remedy, and to be avoided as much as possible. But Sydenham, Pringle, Reish, Burton and many of their contemporaries, as well as the most eminent modern physicians, deem it an indispensable article. Sydenham was in the habit of administering an opiate after bleeding, and following it the next morning with a cathartic medicine; and this is indeed the plan of treatment, with some physicians of the present day. An adjoining practitioner, who has attained great celebrity in the treatment of dysentery, commences his attack upon the disease, generally, by administering one hundred drops of laudanum, following it the next day, with castor-oil, or some more active cathartic. He states, that he has frequently checked the disease, when called in early by a single dose of laudanum; and that he



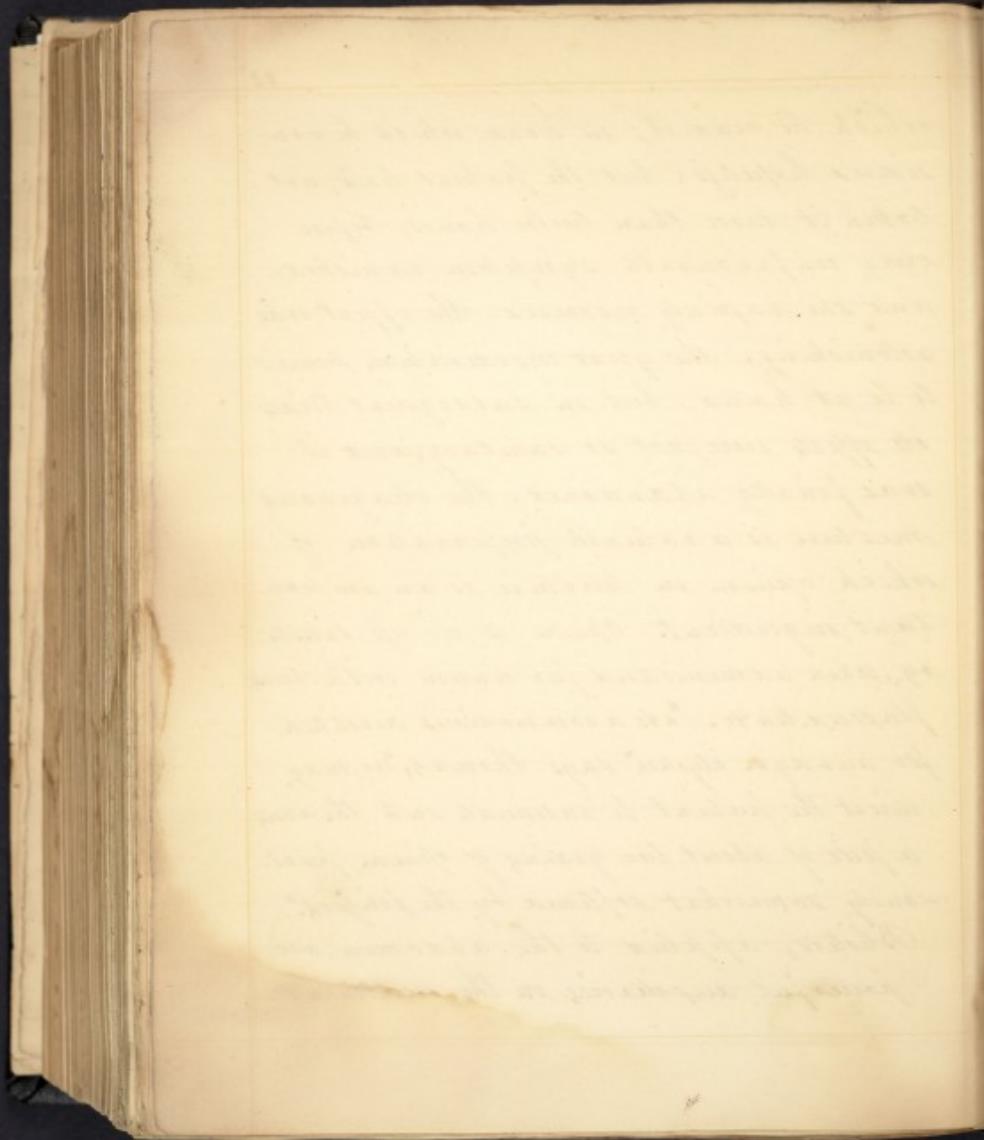
has repeatedly cured himself with large doses, without any other remedy.

Although "facts are stubborn things," I cannot think the practice judicious, but would rather evacuate the bowels in all cases, before administering any other remedy. Evacuations having been promised, opium then comes in with decided utility, and particularly when the disease appears to depend upon irritation.

Indeed, in such cases I know of no substitute for it. It may be given alone, but it generally has a better effect, when combined with some laudanum or diaphoretic medicine. The combination of sugar of lead and opium, was highly recommended, if my recollection is correct, in a communication in the Medical journal about three years since. It was tried by my preceptor the same evening in

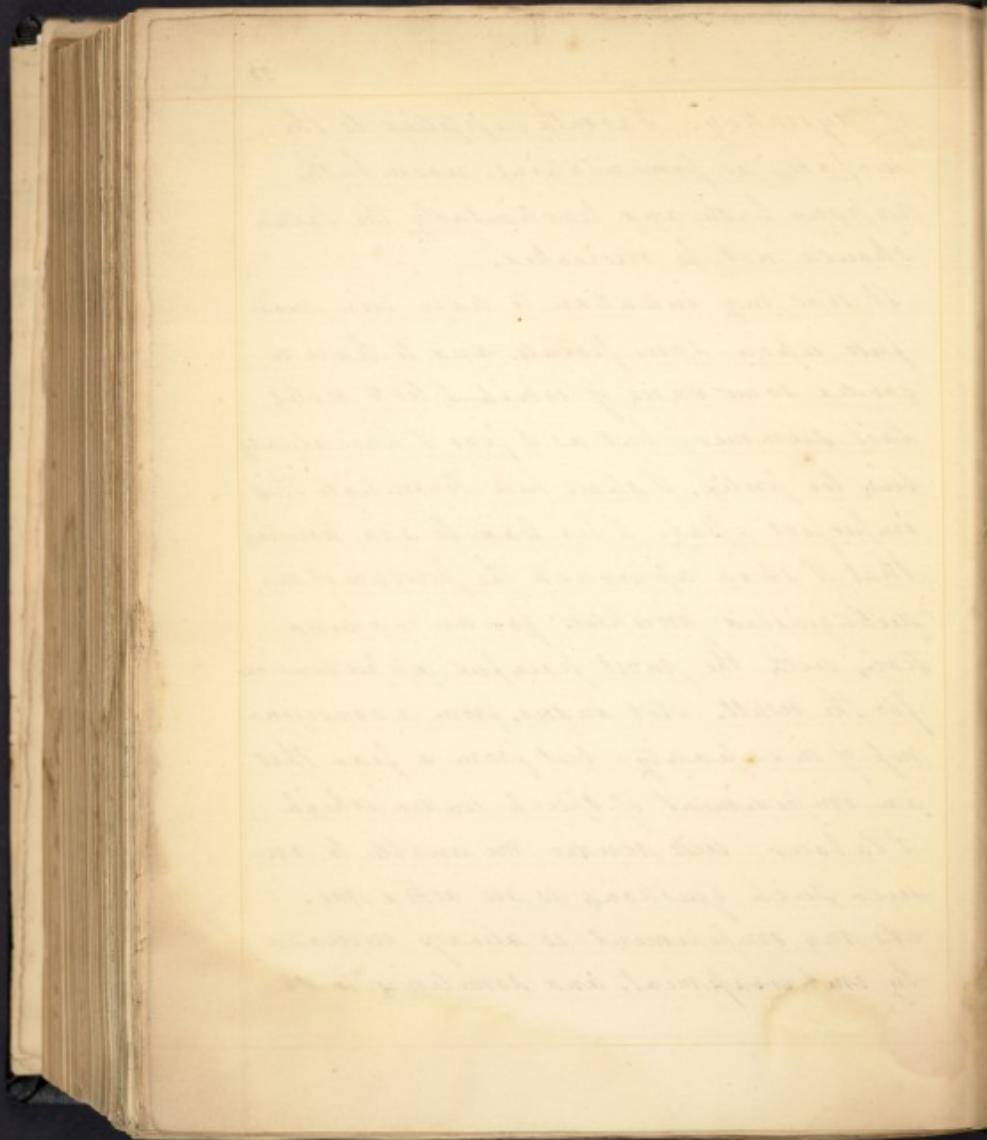


which he read it, in a case which he considered hopeless; but the patient had not taken it more than twelve hours, before every unfavourable symptom vanished, and she rapidly recovered. The effect was astonishing. The great desideratum seemed to be at hand, but in subsequent trials its effects were not so salutary, and it was finally abandoned. The oleaginous mixture is a valuable preparation, of which opium in tincture is an important ingredient. Opium is no less salutary, when administered per anum with starch, flaxseed, tea &c. "As a commodious substitute for an oxyne clyster" says Thomas, "we may direct the patient to insinuate into the anus a piece of about two grains of opium, previously somewhat softened by the fingers." Blisters, applied to the abdomen, are powerful auxiliaries in the treatment.



of dysentery. Warmth applied to the surface, as fomentations, warm bath, vapour bath, and particularly, the latter, should not be overlooked.

It was my intention to have been more full upon some points, and to have recorded some cases of which I took notes last summer, but as I fear I have already been too prolix, I shall here terminate this imperfect essay. I ~~do~~ leave to add, however, that I shall approach the presence of my distinguished preceptors for an examination, with the most painful apprehensions for the result. Not indeed, from a consciousness of incapacity; but from a fear that an impediment of speech under which I labour, will render me unable to answer such questions as are asked me. As my impediment is always increased by embarrassment, and sometimes to so



great an extent, as to deprive me of the power
of articulation, I would most respectfully
solicit the indulgence of a little time, or
the privilege of replying in writing to such
interrogations as may be asked me.—



